

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101538672

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1				
4		3		1		
5	1		1			
6	8	1		1		
7			1			
8				1		
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50						
TOTAL IND.	1		1			
TOTAL DEP.	7	↔	6	↔	↔	
TOTAL CLAIMS	8		7			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	